Director's Corner

By Colonel Angel L. Lugo,
MRI Program Director

This fifth newsletter finds us entering the New Year of 2005 and 2d Qtr, FY 05 with MRI implementation in full swing while staffing potential significant force structure and resourcing changes. Our newsletter format remains relatively the same with updated references and points of contact. The "theme" for this issue is readiness impacts and a focused look at the MRI Logistics functions and staff. First, LTC Weingarten, Deputy Director for Reserve Affairs, provides you an update on Reserve Component MRI actions and discusses several readiness concerns. Second, LTC Stocker, Deputy Director and Logistics Staff Officer, inaugurates a column that focuses on MRI staff functions with emphasis on logistics areas and issues. Third, our "In the Spotlight" column continues the focus on Medical Organization Integrators (OI) by featuring the duties and responsibilities of the U.S. Army Reserve Command (USARC) Medical OI. And, fourth, you will find the recurring column which incrementally highlights the nine pillars of force integration – this one provides an excellent description of equipping" ("stationing" was covered in the prior newsletter). As MRI units continue to support the global war on terrorism (GWOT), other units simultaneously convert or activate in the MRI force design update. The MRI program status now depicts 49% completed for our end state manned units. In this FY, we will complete a few more units in the 3d Qtr and close out FY 05 with many reserve component units reaching their effective date in Sep 05. The brutal reality of GWOT is that readiness of transforming units suffers greatly and MRI actions must be even more intensely managed to mitigate the impact on readiness especially in manning and equipping. In addition, resourcing of programmed MRI actions is greatly impacted by Army priorities; we may even have significant impacts of year

of execution re-prioritization. Concurrently, an on-going Modular Support Force Analysis (MSFA) [better known as "TAA 11.1"] will likely impact future MRI actions. Once decisions are made and announced in Army Structure Messages (ARSTRUC), the Major Commands will reflect changes in their command plans. Finally, as MRI spearheads the AMEDD Transformation, key AMEDD leaders are staffing Task Force Medical (TF Med) initiatives in order to operationalize many of the "Army Medicine White Paper" concepts. Eventually, these MSFA results and operationalized TF Med initiatives will change many MRI battle command organizations. Our dedicated MRI staff thanks all units for their diligence in implementing MRI actions.

MRI Reserve Component Notes

By LTC Charlene Weingarten, MRI Deputy Director for Reserve Affairs

Greetings. Allow me to briefly introduce myself. I am LTC Charlene Weingarten, MRI Deputy Director Reserve Affairs. My military career consists of serving five years active duty in field medical units, nine years as a drilling reservist in medical MTOE units, and for the past three years I served as an AGR Operations officer in a field medical unit.

The Army Reserves and Army National Guard have proudly answered the call to service in support of the global war on terrorism and will continue to do so. In addition to units' busy schedules, there is the requirement to transform to the MRI configuration. The MRI team understands that units are experiencing some readiness issues as a result of numerous mobilizations and cross leveling of personnel and equipment. During FY 04 there were 14 MRI unit activations and 12 unit conversions in USARC. Many of these units were unable to meet the DA standards for readiness. Analysis of first reports submitted after activation/ conversion highlighted some expected and unexpected issues. Not surprising, the issues fall into two areas: 1)

shortage of equipment and 2) shortage of assigned personnel and Duty Military Occupational Specialty Qualification (DMOSQ) personnel. Some of the others were legitimate Unit Status Report (USR) equipment issues and some were reporting errors.

Actions are currently under way to correct documentation issues and to obtain final policy decisions regarding such items as the CT Scanner and Stay Behind Equipment (SBE). Some USR reporting errors made by units were identified and USARC has recognized the need to conduct additional training in USR preparation. This USR training will be conducted at the upcoming USARC conference in February 2005. Units are highly encouraged to attend the conference and training. Personnel shortages are occurring throughout the Army Reserves and Army National Guard. Communicate with your area recruiters and MEPS stations. Make sure your unit vacancies are loaded in the system so they can be seen and recruited against. The Trainees, Transients, Holdees and Students (TTHS) account should help alleviate the problem of having to manage and track non-DMOSQ personnel!

The MRI team is here to help any unit that has a question, concern, or issue. We appreciate units' dedication to successfully completing MRI transformation and we are here and ready to assist you at any time.

MRI's Logistics Work Requires Specific Staff

By LTC Vikki L. Stocker, MRI Deputy Program Director /Logistics Staff Officer

Greetings. I am LTC Stocker and this is my first article as MRI Deputy Program Director/Logistics Staff Officer. The purpose of this and subsequent articles is to acquaint you with the MRI staff. The staff continues to stay abreast of Army Campaign Plan (ACP) initiatives, provides input to emerging TF Med concepts, and systematically assesses the impact of change stemming from Army Focus Areas and operate from five primary work centers. The primary work

centers include (1) the MRI Program Implementation Office, (2) Ft. Detrick, MD within USAMMA, (3) Forces Command (FORSCOM) Force Program Office under the supervision of the Medical OI, (4) USARC under the supervision of the Force Program Office, and (5) U.S. Army National Guard, under the supervision of the Force Program Office.

Their roles are derived from the principal task of force integration as defined by FM 100-11 involving planning, programming, execution of MRI conversions and activations to include the domains of manning, stationing, training, equipping, structuring, funding, sustaining, deploying and readiness. They are your advocate and stand ready to assist you at all times.

Types of MRI Staff

The Medical Reengineering Initiative Program Implementation Office has specific staff to meet the principal task of force integration. Featured below are role descriptions for MRI's Logistics assets. They contribute immeasurably to all but manning domains of force integration.

Senior Logistics Planner/Analyst

The Senior Logistics Planner/ Analyst (SLPA) provides integration oversight to the MRI Class III functional requirements, analyses, and reports generation involving technical advice, planning, and monitoring of medical logistics analyses and plans for fielding the MRI Force. The SLPA is the primary point of contact for the Program Director for Class VIII matters and Class VIII HQDA POM plan development, as well as, for expert advice and staff assistance to AMEDDC&S, MACOMs, and USAMMA as required by the MRIPIO management. The SLPA monitors/ coordinates staff actions to ensure that medical equipment is procured, or otherwise acquired or cross-leveled to support the conversion and activation schedules such that units will be converted/activated at C-3 or better. Additionally, the SLPA collaborates with HQDA and OTSG staff to ensure that programmatic requirements and resources as identified and defended in the HQDA Planning, Programming, Budgeting, and Execution System (PPBES). Further, the SLPA assists

work center contract staff at FOR-SCOM and USARC in the redistribution of equipment from inactivating and converting units, as well as, coordinates with HQDA staff as appropriate for issues relating to Department of the Army Master Priority List (DAMPL) sequence and out of cycle and exceptions requests.

Logistics Analyst

The Logistics Analyst (LA) provides oversight and assistance for acquiring non-medical equipment (Class II and VII) to support the MRI Force. The LA coordinates with Systems Integrators and functional managers of equipment to ensure that AMEDD requirements have visibility in Logistics Structure and Accounting System (LOGSACS), FORCE BUILDER, and other databases such as Total Asset Visibility (TAV) and Requisition Validation (REQVAL). Under the guidelines of the Force Validation Committee process the LA must coordinate materiel redistribution, plus procurement and allocation to ensure that "rated at least" C-3 for equipment on hand status for activating and converting units. The LA reviews doctrine and training literature products to ensure agreement with Army and AMEDD concepts, capstone doctrinal publications, and Table of Organization and Equipment (TOE).

Logistician II

The Logistician II (LOG) serves as the focal point for MRI medical equipment support matters relating to the integration of data and information from all MRI sources and focuses on non-hospital units. The LOG works with the Functional Analyst II by anchoring and consolidating the data collection efforts within their areas of concentration while maintaining the integrity of information in USAMMA's MRI Medical Equipment Database.

Further, they perform a variety of comparisons and analyses including database queries that categorize a wide variety of AMEDD force structures, unit authorization, and medically related equipment data into useable information products.

Both prepare and keep current the many tools, aids, and descriptive information surrounding the structure, operation and products of USAMMA's relational database.

Finally, they both concentrate on the numerous medical equipment aspects surrounding each unit-by-unit transition from MF2K to MRI to include follow-on assistance and automated historical archiving.

Refer to the *MRI Points of Contact* located on the back page of this newsletter for individuals' name, phone number, and email address.

MRI Program Status

As of 17 October 2004, 49% (184 of 376 manned units) of the MRI TAA11 Force Structure converted to MRI. This is a four percent increase from last quarter, to include the conversion of two active Army hospitals. The chart below depicts the MRI conversion status for units in each of the 10 medical functional areas.

MRI Conversion Status (as of 17 October 2004)

Starbursts = Percent Complete
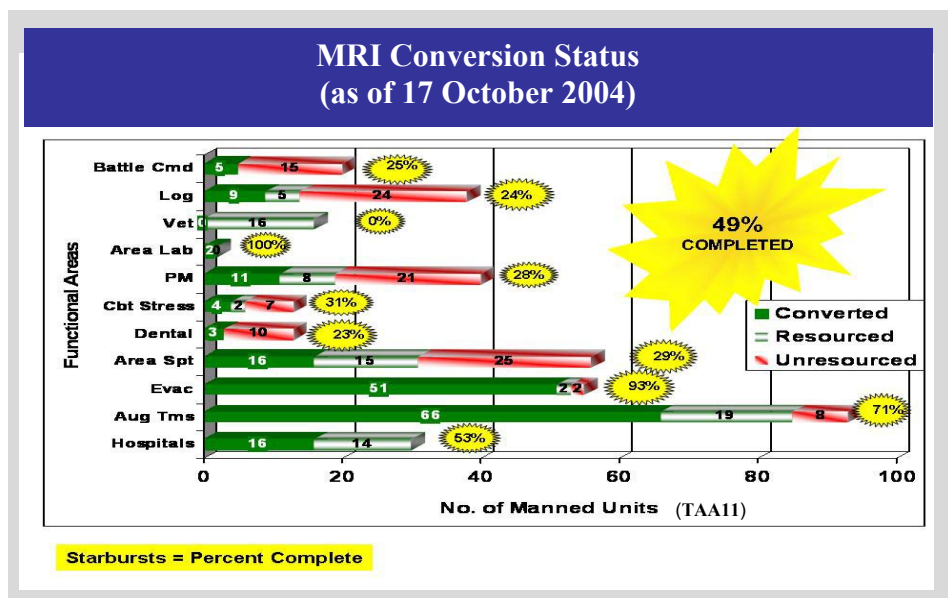
Medical Organization Integrators

Organization Integrators (OI) - Head of an organization integration team which manages the resourcing, documentation, fielding, and sustainment of functionally similar organizations as integrated packages assuring doctrinally aligned capabilities within resource constraints. The Medical OIs play a major role in the MRI program. The Medical OIs and staffs (as applicable) are located at Army G3, FORSCOM, USARC, ARNG and other MACOMs. This newsletter will feature the major duties and responsibilities of the USARC Medical OI. The ARNG MED OI will be featured in the next newsletter.

USARC Med OI Major Duties:

● Represent USARC at HQDA and MACOM level conferences on all medical force integration issues, including inactivations, reorganizations and conversions.
● Manage continuous analysis of the current and projected AMEDD force and prepare options and recommendations for the USARC on medical decisions during all phases of TAA-11 process.
● Maintain liaison with OCAR, FORSCOM, MEDCOM and AMEDD C&S to stay abreast of current, future developments and actions; provide a AR influence in issues that focus on the AR medical force.
● Monitor and stay abreast of the Medical Reengineering Initiative (MRI) process and coordinate actions on all AR Force Structure issues.
● Provide pertinent info for FVC reviews and respond to USARC taskers.

Pillars of Force Integration

The MRIPIO, along with the MACOM, assess the nine pillars of force integration to determine a unit's ability to meet minimum DA standards for readiness prior to converting/ activating as MRI. Each of these pillars will be highlighted in subsequent newsletters. Newsletter Issue #4 covered stationing. This newsletter will highlight equipping.

Nine Pillars	
Structuring	Equipping
Training	Manning
Sustaining	Deploying
Stationing	Funding
Readiness	

Equipping. This article outlines the resources and tools available to assist supply personnel with nonmedical equipment issues during unit activation or unit conversion to MRI.

The first step is to look at **documentation.** You must have access to the following website: https://webtaads.belvoir.army.mil/usafmsa/ which is the Homepage for U.S. Army Force Management Support Agency (USAFMSA). This site provides **Authorization (TDA/MTOE/CTA) documents for Army units**. When you enter your UIC, you will be able to view all currently "approved" MTOEs for your unit, which are normally the current and next fiscal years. You may download the equipment data in Excel, which will allow you to compare current equipment requirements to future requirements. You can request an account online. See the picture below as an example of a unit that is converting in FY 06. Both the current MTOE and the MRI MTOE are available for analysis.

Once you have identified the changes in Line Item Numbers (LIN) by Equipment Readiness Code (ERC) and which LINs are exempt from Unit Status Report (USR) reporting, you need to also identify **authorized substitutes for these LINs**. The best way is to **look each LIN up on Federal Logistics Record (FEDLOG)** and note the authorized substitutes by NSN. You will then be able to search for substitutes as well as the authorized items.

If you are within a year of the conversion or activation date, you should place all your nonmedical equipment shortages on order. It is essential for all logistics personnel to be familiar with the Logistics Integrated Data Base (WEBLIDB) on their webpage at www.logsa.army.mil. Click on the Systems Access Request (SAR) tab to request access. There are too many different products to describe here, but plan to attend the 2005 Worldwide Logistics Training Workshop at Logistics Support Activity (LOGSA), 7-11 March 2005. The WLTW is a showcase of logistics tools and programs supporting the warfighter. It is important that your requirements and authorizations are accurate and that your unit information such as your Department of Defense Activity Address Code (DODAAC) is approved at LOGSA. **Other websites for sources of equipment**:
www.drms.dla.mil Defense Reutilization Marketing Service (DRMS) website. This site is used to search for excess free issue government equipment and supplies. It requires a DODAAC to freeze and request items.
http://ct.dscp.dla.mil/ctinfo/basecamp/ The Tentage Superstore. DLA Website for all types of military tents, including TEMPER.

The MRI Knowledge Collaboration Center contains unit folders designed to assist Commanders and staffs in assessing equipment statuses as well as the other eight pillars of force integration.

> **"Modular, capabilities-based forces better support combatant commander requirements by easing the burden of delivering the right Army capabilities at the right place and time. This attribute is central to optimizing the relevance of Army forces to the combatant commander."**
>
> **Army Transformation Roadmap 2003**

Updates & Activities

The MACOM/MRI Unit Assistance Team

The MRI Unit Assistance Team continues to visit units two and one years prior to their MRI activation/conversion effective dates (EDATES). The MACOM led team just completed successful unit visits to Germany and Hartford, CT. These visits have been instrumental in addressing issues and concerns pertaining to the nine pillars of force integration. The Program Director thanks the Medical Organization Integrator for their support in making these visits a success. Our next major visit is to the 18th MEDCOM in Korea. We welcome unit feedback for improving unit assistant visit activities.

Activities 2nd Quarter (2QTR) FY05)

Several activities are scheduled for 2QTRFY05 regarding MACOM/MRI visits, NOT training, and USAMMA fielding as indicated below:

MACOM/MRI Visits

Date (2005)	Unit	Location	Remarks
7-9 Jan	75th CSH	Tuscaloosa, AL	Confirmed
16-20 Jan	18th MEDCOM	Yong, San, KS	Confirmed
18-20 Jan	285th ASMC	Toledo, OH	Confirmed
3-6 Feb	USARC Med Symp	Atlanta, GA	Confirmed
12-14 Feb	94th CSH	Seagoville, TX	Confirmed
16 Feb	224th ASMC	Reisterstown, MD	Confirmed
27-29 Feb	369th CSH	Puerto Rico	Coordinating
"	1165th ASMD	"	"

New Organization Training

Date (2005)	Unit	Location	Remarks
21-24 Jan	792nd PM Det	Lubbock, TX	Confirmed
Feb	372nd MCD	Seagoville, TX	Coordinating
"	420th MCD	"	"
"	94th CSH	"	"
"	441st GA Co	"	"

POCs at AMEDDC&S, Department of Training Support:

Mr. Don Begley, NOT Trainer, DSN 421-9237 or Commercial (210) 295-9237
Don.Begley@CEN.AMEDD.ARMY.MIL

USAMMA Fielding

Date (2005)	Unit	Location	Remarks
17 Jan	319th MCD	St. Petersburg, BL	Confirmed
"	73rd FLD (HUB)	"	"
7 Feb	328th MCD	Greensboro, NC	Confirmed
"	320th CSH	"	"
"	312th Fld (HUB)	"	"
7 Feb	331th MCD	Perene, FL	Coordinating
"	324th CSH(HUB)	"	"
12 Feb	94th CSH	Seagoville, TX	Confirmed
14 Feb	932nd Bld Det	Ft Hood, TX	Coordinating
15 Mar	330th CSH	Millington, TN	Coordinating
"	336th MCD		
28 Feb	75th CSH (HUS)	Gulfport, MS	Coordinating
28 Feb	75th CSH (HUB(	Tuscaloosa, AL	Coordinating

POC at USAMMA, Fielding Support Div:
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Note: This schedule is tentative and subject to change.

Future Newsletter Topics

- New Organization Training
- Pillars of Force Integration
- MRI and Task Force Medical Initiatives

Give Us Your Feedback…

We hope that this fifth publication of the MRI Newsletter provided useful information to you about the MRI Program and associated activities. Please forward your feedback on this issue and topics you desire to see in future MRI Newsletters to: kenneth_e_spencer@belvoir.army.mil.

Also, refer to the MRI Points of Contact, MRI Website URL and MRI Knowledge Collaboration Center for additional information.

MRI Points of Contact

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Mr. Joseph Ratzman, Logistics Analyst (FORSCOM), 464-6852, ratzmanj@forscom.army.mil

MRI Website
The URL for the website is:
http://mrimedforce.belvoir.army.mil

MRI Knowledge Collaboration Center (KCC)
To request access, submit email to:

- George.shultz@us.army.mil
- Phone: (703) 806-0652
- DSN: 656—0652